

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		1					52				
3		2					53				
4		2					54				
5		2					55				
6		2					56				
7		2					57				
8	1						58				
9		1					59				
10		2					60				
11		2					61				
12		2					62				
13		2					63				
14		2					64				
15							65				
16							66				
17							67				
18							68				
19							69				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	←		←		←		TOTAL IND.	←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←		←	